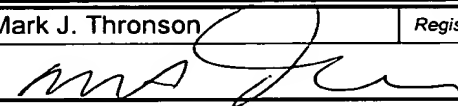


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PTO/SB/05 (03-01)
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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. R2184.0100/P100	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		First Inventor	Tatsuya Fukunishi
		Title	SECONDARY BATTERY CONTROL, etc.
		Express Mail Label No.	
APPLICATION ELEMENTS		ADDRESS TO: Box Patent Application Commissioner for Patents Washington, DC 20231	
See MPEP chapter 600 concerning utility patent application contents.			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)		
3. <input checked="" type="checkbox"/> Specification (Total Pages 39)	a. <input type="checkbox"/> Computer Readable Form (CRF)		
(preferred arrangement set forth below)	b. Specification Sequence Listing on:		
- Descriptive title of the invention	i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or	ii. <input type="checkbox"/> paper	
- Cross Reference to Related Applications	c. <input type="checkbox"/> Statements verifying identity of above copies		
- Statement Regarding Fed sponsored R & D	ACCOMPANYING APPLICATIONS PARTS		
- Reference to sequence listing, a table, or a computer program listing appendix	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))		
- Background of the Invention	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)	<input type="checkbox"/> Power of Attorney	
- Brief Summary of the Invention	11. <input type="checkbox"/> English Translation Document (if applicable)		
- Brief Description of the Drawings (if filed)	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations	
- Detailed Description	13. <input type="checkbox"/> Preliminary Amendment		
- Claim(s)	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)		
- Abstract of the Disclosure	15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)		
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) (Total Sheets 5)	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.		
5. Oath or Declaration (Total Pages)	17. <input type="checkbox"/> Other:		
a. <input type="checkbox"/> Newly executed (original or copy)			
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)			
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).			
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: Prior application information: Examiner Group / Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Customer Number or Bar Code Label		or <input checked="" type="checkbox"/> Correspondence address below	
Name	DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Mark J. Thronson		
Address	2101 L Street NW		
City	Washington	State	DC
Country	US	Zip Code	20037-1526
	Telephone	(202) 785-9700	Fax (202) 887-0689
Name (Print/Type)	Mark J. Thronson	Registration No. (Attorney/Agent)	33,082
Signature		Date	May 9, 2001

FEE TRANSMITTAL for FY 2001				Complete if Known																																																																																																																																																																																											
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1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: <div style="margin-top: 5px;"> Deposit Account Number: 04-1073 Deposit Account Name: </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 </div>			3. 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